EXHIBIT H

FORM B10 (Official Form 10) (10/05) PROOF OF CLAIM **United States Bankruptcy Court** Southern District of New York Name of Debtor Case Number USBCSOUTHERN DISTRICT OF NY Bayou Superfund, LLC 06-22307 LLCCASE #06-22306 OU GROUT encement of the NOTE: This form should not be used to make a claim for an administrative expense arising after the common case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. \$ 503 CLAIM NO. 789 Name of Creditor (The person or other entity to whom the debtor owes ☐ Check box if you are aware that anyone else has filed a proof of money or property): claim relating to your claim. Attach copy of statement giving Broad-Bussel Family Limited Partnership particulars. Name and address where notices should be sent: ☐ Check box if you have never c/o Berger & Montague, P.C. received any notices from the bankruptcy court in this case. Attn: Merrill G. Davidoff 1622 Locust Street, Philadelphia, PA 19103 ☐ Check box if the address differs from the address on the envelope sent to you by the Telephone number: 215-875-3000 This space is for Court Use Only Last four digits of account of other number by which creditor identifies Check here ☐ replaces debtor: 0709 (See Addendum) a previously filed claim, dated: if this claim amends Retiree benefits as defined in 11 U.S.C. § 1114(a) 1. Basis for Claim Goods sold Wages, salaries, and compensation (Fill out below) Services performed Last four digits of your SS#: Money loaned Unpaid compensation for services performed Personal injury/wrongful death Other See Addencum (date) (date) 2. Date debt was incurred: 3. If court judgment, date obtained: January 5, 2004 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. (See Addendum) Unsecured Nonpriority Claim \$ 1,250,000-plus Secured Claim. Check this box if: a) there is no collateral or lien securing your Check this box if your claim is secured by collateral (including a right of claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Brief Description of Collateral: ☐ Real Estate □ Motor Vehicle □ Other Unsecured Priority Claim. Value of Collateral: \$ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included Amount entitled to priority \$ in secured claim, if any \$_ Specify the priority of the claim; O Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or O Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). (a)(1)(B). Wages, salaries, or commissions (up to \$10,000),* earned within Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). □ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). respect to cases commenced on or after the date of adjustment. 5. Total Amount of Claim at Time Case Filed: \$ 1.250,000-plus (Total) (secured) (priority) (unsecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. (See Addendum) This Space is for Court Use Only 6. Credits: The amount of all payments on this claim has been credited and deducted for the Time. purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim stated copy of power of attorney, if any): Alem is France Sec Y, Broad-Bussel Date 07 Enterprises, Inc. (G.P. of Broad-Bussel Family L.P. Penalty for presenting fraudulent claim; Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Souther	n District of New York	PROOF OF CLAIM		
		FROOI OF CLAIM		
Name of Debtor Bayou Accredited Fund, LLC	Case Number 3 USBC 06-22310 BAYOU	SOUTHERN DISTRICT OF NY		
NOTE: This form should not be used to make a claim for an administrative expens case. A "request" for payment of an administrative expense may be filed pursuan	GROUP, LLC CASE #06-22306 CLAIM NO. 718			
Name of Creditor (The person or other entity to whom the debtor owes money or property):	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	100 - 200 - 1		
Caroline B. Glass	Attach copy of statement giving particulars.			
Name and address where notices should be sent:	☐ Check box if you have never			
c/o Berger & Montague, P.C. Attn; Merrill G. Davidoff	received any notices from the bankruptcy court in this case.			
1622 Locust Street, Philadelphia, PA 19103	Check box if the address differs			
Telephone number: 215-875-3000	from the address on the envelope sent to you by the court.	This space is for Court Use Only		
Last four digits of account or other number by which creditor identifies	Check here			
debtor: 1879 (See Addendum)	if this claim a previ	iously filed claim, dated:		
1. Basis for Claim Goods sold	☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Wages, salaries, and compensation (Fill out below)			
Services performed Money loaned	Last four digits of your SS#:	·		
Parsonal injury/wrongful death	Unpaid compensation for services pe	rformed '		
other See Addendum	from to(date)	date)		
2. Date debt was incurred: January 15, 2003	3. If court judgment, date obtained:			
See reverse side for important explanations. (See Addense Unsecured Nonpriority Claim \$ 1,140,000-plus Check this box if: a) there is no collateral or lien securing your claim. or b) your claim exceeds the value of the property securing	Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff).			
it, or if c) none or only part of your claim is entitled to priority.	Brief Description of Collateral: © Real Estate © Motor Ver	nicle D Other		
Unsecured Priority Claim. Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority \$		harges <u>at time case filed</u> included		
Specify the priority of the claim:	in secured claim, it any \$\psi			
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). 	services for personal, family, or h Taxes or penalties owed to gover Other - Specify applicable paragr	on 4/1/07 and every 3 years thereafter with		
5. Total Amount of Claim at Time Case Filed: \$ 1.140,000-plus		, (T.1-1)		
(unsecured) Check this box if claim includes interest or other charges in addition t additional charges. (See Addendum)		oriority) (Total) ttach itemized statement of all interest or		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				
Date Sign and print the name and title, if any, other criditor or o (attach copy of power of attorney, it may).	ther person authorized to file this claim	1/10/0729 aly		
/ / Penalty for presenting fraudulent claim: Fine of up to \$500,000	or imprisonment for up to 5 years, or both.	18 U.S.C. §§ 152 and 3571.		

FORM B10 (Official Form 10) (10/05) PROOF OF CLAIM. United States Bankruptcy Court/ Southern District of New York Name of Debtor Case Number 06-22310 Bayou Accredited Fund, LLC NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the HERN DISTRICT OF NY case; A Trequest, for payment of an administrative expense may, be filled pursuant to 11.0 (S.C.) \$ 503. USBCSOUTHERN DISTRICT OF NY ☐ Check box If you are aware that UP, LLCCASE #06-22306 Name of Creditor (The person or other entity to whom the debtor owes CLAIM NO. 931 anyone else has filed a proof of money or property): claim relating to your claim. Marie-Louise Michelsohn Attach copy of statement giving particulars. Name and address where notices should be sent: ☐ Check box if you have never received any notices from the clo Koskoff, Koskoff & Bieder, PC bankruptcy court in this case. 350 Fairfield Avenue Bridgeport, CT 06611 Check box if the address differs from the address on the envelope sent to you by the Telephone number: 203-336-4421 This space is for Court Use Only court. Last four digits of account or other number by which creditor identifies Check here O replaces debtora previously filed claim, dated: if this claim □ amends Retiree benefits as defined in 11 U.S.C. § 1114(a) 1. Basis for Claim Wages, salaries, and compensation (Fill out below) Goods sold . Services performed Last four digits of your SS#: Money loaned Unpaid compensation for services performed Personal injury/wrongful death Taxes Other See Addendum (date) date 3. If court judgment, date obtained: 2. Date debt was incurred: February 1, 2004 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 1,480,000 (See Addendum) Secured Claim. ☐ Check this box if your claim is secured by collateral (including a right of Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing setoff). Brief Description of Collateral. it, or if c) none or only part of your claim is entitled to priority. □ Motor Vehicle ☐ Real Estate Other_ Unsecured Priority Claim. Value of Collateral: \$_ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included Amount entitled to priority \$ in secured claim, if any \$__ Specify the priority of the claim: ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(___ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). respect to cases commenced on or after the date of adjustment. \$1,480,000-p1us 5. Total Amount of Claim at Time Case Filed: \$ ___ (priority) (Total) ---(secured) (unsecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. (See Addendum) This Space is for Court Use Only 6. Credits: The amount of all payments on this claim has been credited and deducted for the AWK purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date

1/12/07

Sign and print the name and title, if any of the creditor or other person authorized to file this claim.

(after the copy of power of attorney, if any):

(A O D D Marre-Louise Hickelsohn

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

FORM B10 (Official Form 10) (10/05)		
United States Bankruptcy Court Souther	n District of New York	PROOF OF CLAIM
Name of Debtor Bayou Superfund, LLC	Casé Number 06-22307	
NOTE: This form should not be used to make a claim for an administrative expensions. A request for payment of an administrative expense may be filed pursuan	1 to 11 U.S.C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Marie-Louise Michelsohn and Michelle Michelsohn, JT	☐ Check box if you are ISBESOL	THERN DISTRICT OF NY OUP, LLCCASE #06-22306 CLAIM NO. 766
Name and address where notices should be sent: c/o Koskoff, Koskoff & Bieder, PC 350 Fairfield Avenue Bridgeport, CT 06611	Check box if you have never received any notices from the bankruptcy court in this case.	, · · · ·
Telephone number: 203-336-4421	Check box if the address differs from the address on the envelope sent to you by the court.	This space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor:	Check here ☐ replaces if this claim ☐ amends a previ	iously filed claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other_See Addendum	Retiree benefits as defined in 11 U.S Wages, salaries, and compensation (Last four digits of your SS#: Unpaid compensation for services pe from	(Fill out below)
2. Date debt was incurred: November 1, 2004	3. If court judgment, date obtaine	ıd:
4. Classification of Claim. Check the appropriate box or boxes that be See reverse side for important explanations. Unsecured Nonpriority Claim \$ 1,120,000 (See Addendum) Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or	Secured Claim. Check this box if your claim is se setoff). Brief Description of Collateral: Real Estate Motor Vet Value of Collateral: Amount of arrearage and other cin secured claim, if any \$	nicured by collateral (including a right of hicle
(a)(1)(B). Wages, sataries, or commissions (up to \$10,000),* earned within 180 days before filing of the Fankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	services for personal, family, or I Taxes or penalties owed to gove Other - Specify applicable parage "Amounts are subject to adjustment respect to cases commenced on or	on 4/1/07 and every 3 years thereafter with
5. Total Amount of Claim at Time Case Filed: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(secured) · (priority) (Yotal) ttach itemized statement of all interest or
 Credits: The amount of all payments on this claim has been purpose of making this proof of claim. Supporting Documents: Attach copies of supporting documents, purchase orders, invoices, itemized statements of runring judgments, mortgages, security agreements, and evidence of SEND ORIGINAL DOCUMENTS. If the documents are not a documents are voluminous, attach a summary. Date-Stamped Copy: To receive an acknowledgment of the stamped, self-addressed envelope and copy of this proof of comments. 	ments, such as promissory ning accounts, contracts, court of perfection of lien. DO NOT evailable, explain. If the e filing of your claim, enclose a	This Space Is for Court Use Only 764 1/16/07 U.S. BANKRUS S.D. OT
	chelle Michelsohn	STCY
Penalty for presenting fraudulent claim: Fine of up to \$500,00	0 or imprisonment for up to 5 years, or both.	. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Souther	n District of New York	PROOF OF CLAIM
Name of Debtor Bayou Superfund, LLC	Case Number 06-22307	;
Bayou Superfund, LLC NOTE: This form should not be used to make a claim for an administrative expenses. A frequest for payment of an administrative expense may be filed pursuan Name of Creditor (The person or other entity to whom the debtor owes.)	se arising after the commencement SRCS at to 11 U.S.C. § 503. BAYOU	OUTHERN DISTRICT
NOTE: This form should not be used to make a claim for an administrative expenses. A frequest for payment of an administrative expense may be filed pursuar Name of Creditor (The person or other entity to whom the debtor owes money or property): Herbert Blaine Lawson, Jr.	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	CLAIM NO. 768
Name and address where notices should be sent: c/o Koskoff, Koskoff & Breder, PC 350 Fairfield Avenue	Check box_if you have never received any notices from the bankruptcy court in this case.	
Bridgeport, CT 06611 Telephone number: 203-336-4421	☐ Check box if the address differs from the address on the envelope sent to you by the court.	This space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor:	Check here □ replaces if this claim □ amends a previ	ously filed claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Addendum	Retiree benefits as defined in 11 U.S Wages, salaries, and compensation (Last four digits of your SS#: Unpaid compensation for services pe from	Fill out below)
2. Date debt was incurred: November 1, 2004	3. If court judgment, date obtains	d:
4. Classification of Claim. Check the appropriate box or boxes that it See reverse side for important explanations. Unsecured Nonpriority Claim \$ 500,000 (See Addendum) □ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. (□ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority: (□ Amount entitled to priority: (□ Specify the priority of the claim: □ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or	Secured Claim. Check this box if your claim is se setoff)	cured by collateral (including a right of nicle Other
(a)(1)(8). Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	services for personal, family, or to Taxes or penalties owed to gove	nousehold use - 11 U.S.C. § 507(a)(7). rnmental units - 11 U.S.C. § 507(a)(8). raph of 11 U.S.C. § 507(a)(). on 4/1/07 and every 3 years thereafter with
5. Total Amount of Claim as Time Case Filed: \$\frac{\$500,000 -}{(unsecured)}\$ Governormal Check this box if claim includes interest or other charges in addition additional charges. (See Addendum)	(secured) (
6. Credits: The amount of all payments on this claim has bee purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, notes, purchase orders invoices, itemized statements of run judgments, mortgages, security agreements, and evidence SEND ORIGINAL DOCUMENTS. If the documents are not documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the stamped, self-addressed envelope and copy of this proof of	niments, such as promissory ning accounts, contracts, court of perfection of lien. DO NOT available, explain. If the ne filing of your claim, enclose a claim.	This Space is the Court ose Only 768 This Space is the Court ose Only 5
Date Sign and print the name and the if any, of the creditor or (stract/copy of power of attorney, if any): 1/12/67 Or ye James	ther person authorized to flie this claim Herbert Blaine Lawson, Tr	1/16/07 E RES